# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB Number:	3235-0076						
Expires: M	ay 31, 2005						
Estimated average burden							
hours per respond							

OMB APPROVAL

NOTICE OF SALE OF SECURITIES	SEC USE ONLY							
PURSUANT TO REGULATION D,	Prefix	Serial						
SECTION 4(6), AND/OR								
ORM LIMITED OFFERING EXEMPTION	DATE RECEIVED							
		[						
endment and name has changed, and indicate change.)								

129 1354	
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Goldman Sachs Levered Hedge Fund Partners, LLC: Units of Limited Liability Company	
Filing Under (Check box(es) that apply):   Rule 504 Rule 505 Rule 506	Section 4(6) ULOE
Type of Filing: ☑ New Filing ☐ Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.)	
Goldman Sachs Levered Hedge Fund Partners, LLC	04034682
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (including Area Code)
c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540	(609) 497-5500
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business	SED
To operate as a private investment fund.  JUL 16 20	D
JUL 16 20	104 🗩
Type of Business Organization	
Type of Business Organization  Corporation  I limited partnership, already formed and all already formed and	✓ other (please specify):
☐ business trust ☐ limited partnership, to be formed	Limited Liability Company
Month Year	
Actual or Estimated Date of Incorporation or Organization:        0     5	☑ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviat	<del></del> 1
State: CN for Canada; FN for other foreign jur	isdiction) D E
GENERAL INSTRUCTIONS	

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not respond unless the form displays a currently valid OMB control number.

. A. BASIC IDENTIFICATION DATA									
2. Enter the information requested for the following:									
* Each promoter of the issuer, if the issuer has been organized within the past five years;									
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;									
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and									
* Each general and managing partner of partnership issuers.									
Check Box(es) that Apply:   ✓ Promoter   ☐ Beneficial Owner  ☐ Executive Officer  ☐ Director  ☐ General and/or  Managing Partner									
Full Name (Last name first, if individual)									
Goldman Sachs Princeton LLC (the Issuer's Managing Member)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
701 Mount Lucas Road, Princeton, New Jersey 08540									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Managing Member Managing Partner									
Full Name (Last name first, if individual)									
Clark, Kent A.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Managing Member Managing Partner									
Full Name (Last name first, if individual)									
Lawson, Hugh J.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Managing Member Managing Partner									
Full Name (Last name first, if individual)  Levy, Tobin V.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Managing Member Managing Partner									
Full Name (Last name first, if individual)  Walker, George H.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General and/or *of the Issuer's Managing Member Managing Partner									
Full Name (Last name first, if individual)									
Gall, Natalie M.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General and/or *of the Issuer's Managing Member Managing Partner									
Full Name (Last name first, if individual)									
Judge, Karen M.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540									
(Ilse blank sheet, or conviand use additional copies of this sheet, as necessary)									

# Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer\* Director ☐ Promoter Beneficial Owner Check Box(es) that Apply: $\overline{\Delta}$ General and/or Managing Partner \*of the Issuer's Managing Member Full Name (Last name first, if individual) Kioko, Janice A. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540 ☐ Promoter ☐ Benéficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) $\square$ Promoter $\square$ Beneficial Owner $\square$ Executive Officer $\square$ Director $\square$ Check Box(es) that Apply: General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner □ Executive Officer □ Director □ General and/or ☐ Promoter ☐ Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

B. INFORMATION ABOUT OFFERING												
1. Has the	e issuer sold	l, or does th	e issuer inte	nd to sell.	o non-accre	edited inves	tors in this	offering?			Yes	No ☑
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										<del></del>	_	
2. What is the minimum investment that will be accepted from any individual?										\$ 2.50	0,000*	
*The Managing Member of the Issuer, in its sole discretion, may accept subscriptions in lesser amounts.  3. Does the offering permit joint ownership of a single unit?										Yes	No	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Name	(Last name	first, if ind	ividual)									
Goldman,	Sachs & C	0.										
Business o	r Residence	Address (N	Number and	Street, City	, State, Zip	Code)						
85 Broad	Street, New	y York, Nev	w York 100	04								
	ssociated B			<del></del>								
			s Solicited					<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·		
•			lividual Stat	-								l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Name (Last name first, if individual)											[, 1,	
Business of	or Residence	Address (1	Number and	Street, City	, State, Zip	Code)						
		`		•		,						
Name of A	ssociated B	Broker or De	ealer		<del></del>							
			as Solicited							. <u>.</u> .		1 States
			lividual Stat									l States
(AL) (IL)	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[DA]	[NY]	[NC]	[ND]	[M]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)		····	<del></del>	<del></del>			<del></del> _	<del></del>	
Business of	r Residence	Address (1	Number and	Street, City	y, State, Zip	Code)	<u> </u>					
Name of A	Associated E	Broker or De	ealer									
			s Solicited (									All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Offering Price			Amount Aiready Sold
	Debt	\$	0	\$		0
	Equity (Shares)	<b>\$</b>	0	\$		0
	☐ Common ☐ Preferred	_	· · · · · · · · · · · · · · · · · · ·	,		
	Convertible Securities (including warrants)	\$_	0	\$	_	0
	Partnership Interests	\$_	0	\$		0
	Other (Specify: Units of Limited Liability Company Interests)	\$	52,600,000	\$		52,600,000
	Total	\$	52,600,000	· \$	_	52,600,000
	Answer also in Appendix, Column 3, if filing under ULOE.	_		•		· · · · · · · · · · · · · · · · · · ·
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					Aggregate
			Number Investors			Dollar Amount of Purchases
	Accredited Investors	_	29	. \$		52,600,000
	Non-accredited Investors	_	N/A	. \$		N/A
	Total (for filings under Rule 504 only)	_	N/A	\$	i	N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Type of			Dollar Amount
	Type of offering		Security	ø		Sold
	Rule 505  Regulation A	_	N/A	. \$ . \$	_	N/A
	Rule 504	-	N/A	•	_	N/A
		-	N/A	. \$	_	N/A
	Total	_	N/A	. \$	_	N/A
tl tl	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the nexpenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees			\$	·	0
	Printing and Engraving Costs			\$	·_	0
	Legal Fees		Ø	\$	:	161,600
	Accounting Fees			\$	· _	0
	Engineering Fees			\$	;	0
	Sales Commissions (specify finders' fees separately)		Ø	\$	- -	157,800
	Other Expenses (identify)			\$	;	0
	Total		Ø	\$	<u> </u>	319,400
			_		-	

•	C. OFFERING PRICE,	NUMBER OF IN	VESTORS, EXP	ENS	ES A	ND USE OF PE	ROCE.	EDS	)	
	<ul> <li>b. Enter the difference between the aggre</li> <li>- Question 1 and total expenses furnishe</li> <li>difference is the "adjusted gross proceeds"</li> </ul>	d in response to Par	t C - Question 4.a.	Thi	S		\$_		52,280,600	
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.										
						Payments to Officers, Directors, & Affiliates			Payments T Others	'o
	Salaries and Fees		•••••		\$_	0		\$_	0	
	Purchase of real estate				\$_	00		\$_	0	
	Purchase, rental or leasing and installation	of machinery and eq	uipment		\$_	0		\$_	00	
	Construction or leasing of plant buildings	and facilities			\$_	0		\$_	0	
	Acquisition of other businesses (includin this offering that may be used in excha another issuer pursuant to a merger)		¢	0		¢	0			
					» —	0	. 🗆	⊅. -	0	
	Repayment of indebtedness				\$ <u></u>	0	. 🗆	³- -	0	<del></del>
	Working capital				\$_	0	. 🗆	\$.	0	
	Other (specify): Investment Capital				\$_	0	. <b>2</b>	\$.	52,280,60	
	Column Totals		<b>\$</b> _	0	. 🗹	\$.	52,280,60	10		
	Total Payments Listed (column totals adde	Ø \$				52,280,600				
		D. FEDE	RAL SIGNATUI	RE						
f	he issuer has duly caused this notice to bollowing signature constitutes an undertaking its staff, the information furnished by the i	ng by the issuer to fu	rnish to the U.S. Se	curiti	ies an	d Exchange Comn	nission,	upo		
Iss	ner (Print or Type)	Signature		20		Date				
	ldman Sachs Levered Hedge Fund tners, LLC	Natalie	OU. Ghl			July 12, 2004				
_	me of Signer (Print or Type)	Title of Signer (Pr	int or Type)							
Na	talie M. Gall	Vice President of	the Issuer's Mana	ging ]	Meml	oer				

# ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).